

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042663

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 369 Primary Registration District No. 4539 Registrar's No. 5

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 21 1963

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Williamsville</u>		c. CITY OR TOWN <u>Williamsville</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Mae Marler Res.</u>		d. STREET ADDRESS (If outside, give location) <u>Marler Res.</u>	

3. NAME OF DECEASED (Type or print) <u>Minnie Ann Condray</u>			4. DATE OF DEATH Month <u>October</u> Day <u>16</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 4-83</u>	9. AGE (last birthday) <u>80</u>	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Carter Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Carney</u>		13b. MOTHER'S MAIDEN NAME <u>Judy Ann Leach</u>	
14. NAME OF HUSBAND OR WIFE <u>John Condray (Deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>C.U.A.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic disease</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>1 da</u> <u>10-15 yrs.</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from 1961 to Oct 16, 1963 and last saw her alive on Oct 16, 1963
Death occurred at 4:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title)	22b. ADDRESS <u>Piedmont, Mo.</u>	22c. DATE SIGNED <u>10-18-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-18-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Owl Roost Cemetery</u>	23d. LOCATION (City, town, or county) <u>Ellsinore, Mo.</u>
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24. FUNERAL DIRECTOR <u>William Cooke Piedmont</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 18, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Shirley Lovelace</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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OCT 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Cedar Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William Cook

Licensed Embalmer No.

3723

P. O. Address

Piedmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.